"HOW IS YOUR MPA MANAGED?" TRAINING WORKSHOP Barcelona, Spain Monday, September 29 – Saturday, October 4, 2008 Meeting location to be determined

TRAINING APPLICATION

Please complete all sections and submit completed application to:

Pat Moran, NOAA/National Marine Sanctuary Program International MPA Capacity Building Program pat.moran@noaa.gov

APPLICATION DEADLINE IS: AUGUST 15, 2008

Date

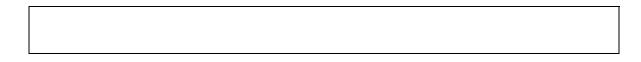
V CONTACT INFORMATION

Name

Name of MPA or Affiliated Organization			
Position/Title			
Type of Organization: θ MPA Authority θ NGO θ Community θ Government θ Other			
Office Address			
Phone:	Fax:	Email:	
We will use this email address for all correspondence concerning the training workshop unless you inform us otherwise. Affiliation with MPA:			
Participants will be selected for training based on the extent to which they meet certain criteria. Kindly answer all the questions below as fully as possible to assist our selection process. Boxes will expand as you type.			
ν QUESTIONS			
1. Please tell us about your roles and responsibilities in relationship to MPA management.			
2. Do you currently (or will you shortly) have direct responsibility for working on developing a management plan for your MPA? If yes, please explain your roles and responsibilities.			

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3. What are your areas of	management-related expertise? Please explain.
4. What do you think are to MPA management plan at	the 3 greatest challenges to the successful implementation of a t your site?
	the 3 greatest assets or strengths of your MPA in terms of ng an effective management plan at your site?
6. What are your specific like to take away from this	interests/objectives in applying for this training? What would you s training?
7. Are you willing to comin homework assignments?	mit to 6 full days of training, including preparatory work and
o Yes	o No
8. Are you willing to work o Yes	within a small group of peers throughout the training? o No
	set of interactive and participatory training activities, Are you in the training in this capacity?
o Yes	o No
10. The entire course will understand lectures, activ	be taught in English. Are you fluent enough in English to vities and assignments?
o Yes	o No
	ild a contract agreement during the training course in which you ing aspects of what you have learned at your MPA when you
o Yes	o No
40. There is no fee for the	twaining accuracy Are you able to cover your troval costs? If not

12. There is no fee for the training course. Are you able to cover your travel costs? If not, to what degree might you need financial assistance? Please estimate what those costs might be.



14. Do you have the full support of your supervisor to attend this MPA Management Capacity Building training course (6 days training + travel time)? o Yes o No If yes, please include a letter of nomination from your supervisor with your application (see below for instructions)

V LETTER OF NOMINATION

This letter should be no more than one or two paragraphs total. Please include with application.

Letter of nomination from the head of your organization or your supervisor should include:

- 1. Name of applicant
- 2. Why you are nominating this applicant for the "How is Your MPA Managed?" training workshop?
- 3. How can your organization benefit from your nominee participating in this program?
- 4. Do you consider your applicant as having a current or future MPA management role?
- 5. Are you committed to supporting the applicant with implementing what they learned during the training?

Please return letter of nomination with the MPA management capacity building training application no later than August 15, 2008.

Thank you for your interest in the "how is Your MPA Managed?" training program.